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AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-ZA 3519	
SERIAL NO: 09/300,959	FILING DATE: April 27, 1999	EXAMINER: C. Stroup	GROUP ART UNIT: 1633	
INVENTION: SOMATIC TRANSGENE IMMUNIZATION AND RELATED METHODS				

TO COMMISSIONER FOR PATENTS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on April 24, 2001.

By: Deborah L. Cadena

Deborah L. Cadena, Reg. No. 44,048

April 24, 2001

Date of Signature

Transmitted herewith is a Response to Office Action mailed on October 25, 2000, with attached Appendix A and four (4) Declarations Pursuant to 37 C.F.R. § 1.132 executed by Dr. Maurizio Zanetti in the above-identified application.

☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.

☒ Petition for Extension of Time is enclosed (in duplicate).

☐ No additional claims fee is required.

☒ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	34-20	-	33	-	1	x	\$9	\$18	=	\$9	\$
INDEPENDENT CLAIMS	6-3	-	5	-	1	x	\$40	\$80	=	\$40	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES		X NO		\$135	\$270	=	\$0	\$
							TOTAL ADDITIONAL FEE			\$49	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

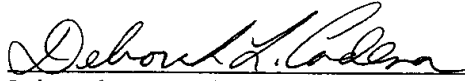
☐ Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.

Inventors: Maurizio Zanetti
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- X A check in the amount of \$494.00 is enclosed, \$49.00 of which covers the additional claims fee and \$445.00 of which covers the fee for a three-month extension of time.
- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
- X Any additional filing fees required under 37 C.F.R. 1.16.
- X Any patent application processing fees under 37 C.F.R. 1.17.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

April 24, 2001
Date


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